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03/27/2006 DEMMANU2 00000007 192746 10005494					Virginia Silva (Depositor's nam			
01 FC:1501 1400.00 DA						Inguin Sile		
02 FC:1504 300.00 DA 03 FC:8001 15.00 DA			March			划, 2006		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/005,494	11/06/2001 Kazuo K			ayash	i	P6121A		7990
TITLE OF INVENTION: D	ISPLAY DRIVER APPARA	ATUS, AND ELEC	CTRO-OPTICA	L DE	VICE AND ELECTRO	NIC EQUIPM	ENT USING	THE SAME
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PL	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400		55.4	\$300	\$1700		04/04/2006
EXAMINER A		ART UN	T UNIT CL		ASS-SUBCLASS	1		
SHAPIRO, LEONID 26'			7 345-214000					
1. Change of correspondence	e address or indication of "Fe	ee Address" (37	2. For printir	ng on 1	the patent front page, li	st	Michae	l T. Gabrik
CFR 1.363). Change of correspond	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Address form PTO/\$B/12 "Fee Address" indicates	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-02 of Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT (print o	r type)			
PLEASE NOTE: Unless recordation as set forth in	an assignce is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will appear T a substitute for	r on the	he patent. If an assign g an assignment.	ee is identified	below, the d	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Seiko Epson Corporation Tokyo, Japan								
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pate	ent) :	☐ Individual ☑ Co	orporation or ot	ther private gro	oup entity Government
4a. The following fee(s) are	enclosed:	41	D. Payment of Fe	` '				
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Publication Fee (No s Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2746 (enclose an extra copy of this form).							
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5. Change in Entity Status a. Applicant claims St	(from status indicated above MALL ENTITY status. See :	•	b. Applican	ıt is no	longer claiming SMA	LL ENTITY sta	atus. See 37 C	FR 1.27(g)(2).
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